

STATE OF NEVADA  
 DIVISION OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

OFFICE USE ONLY  
 Log No. 104032  
 Permit No. \_\_\_\_\_  
 Basin 092B

PRINT OR TYPE ONLY  
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **58967**

1. OWNER Salvador Reynoso ADDRESS AT WELL LOCATION 11795 Mistletoe Reno  
 MAILING ADDRESS 11795 Mistletoe St.  
Reno, NV 89506

2. LOCATION 5E 1/4 SW 1/4 Sec. 15 T 21N N/S R 19E E Washoe County  
 PERMIT NO. 080-322-04 Parcel No. Heppner # 3 Subdivision Name

3. WORK PERFORMED  
 New Well  Replace  Recondition  
 Deepen  Abandon  Other \_\_\_\_\_

4. PROPOSED USE  
 Domestic  Irrigation  Test  
 Municipal/Industrial  Monitor  Stock

5. WELL TYPE  
 Cable  Rotary  RVC  
 Air  Other \_\_\_\_\_

6. LITHOLOGIC LOG

Material	Water Strata	From	To	Thickness
On this date we abandoned a 6" X 125' well by perforating with Mills Knife from 20' to 105'. We then pumped 1.75 cubic yards of neat cement mixed 5.2 gallons of water per sack. We pumped using tremie pipe from the bottom to the top of the well.				
Washoe County Permit # WL 060217				
NAD 83				
N 39.68188				
W 119.84163				
N 39.68192				
W 119.840621 NAD 83				

8. WELL CONSTRUCTION  
 Depth Drilled 125 Feet Depth Cased 125 Feet

HOLE DIAMETER (BIT SIZE)

Inches	Feet	To	Feet
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASING SCHEDULE

Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6 5/8	12.92	.188	0	125

Perforations:  
 Type perforation Mills Knife  
 Size perforation Puncture

From	To	From	To
20	105	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Surface Seal:  Yes  No Seal Type:  
 Depth of Seal \_\_\_\_\_  Neat Cement  
 Placement Method:  Pumped  Cement Grout  
 Poured  Concrete Grout

Gravel Packed:  Yes  No  
 From \_\_\_\_\_ feet to \_\_\_\_\_ feet

9. WATER LEVEL  
 Static water level 82 feet below land surface  
 Artesian flow \_\_\_\_\_ G.P.M. \_\_\_\_\_ P.S.I.  
 Water temperature \_\_\_\_\_ °F Quality \_\_\_\_\_

Date started 1/3/2007, 19  
 Date completed 1/3/2007, 19

7. WELL TEST DATA

TEST METHOD:	TEST METHOD:		
	G.P.M.	Draw Down (Feet Below Static)	Time (Hours)
<input type="checkbox"/> Bailer	_____	_____	_____
<input type="checkbox"/> Pump	_____	_____	_____
<input type="checkbox"/> Air Lift	_____	_____	_____

10. DRILLER'S CERTIFICATION  
 This well was drilled under my supervision and the report is true to the best of my knowledge.  
 Name Bruce MacKay Pump & Well Service, Inc. Contractor  
 Address 1600 Mt. Rose Hwy Contractor  
Reno, NV 89511  
 Nevada contractor's license number issued by the State Contractor's Board 23096  
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller 2271  
 Signed Nomni Hurd  
 By driller performing actual drilling on-site or contractor  
 Date 1/4/2007